

IN PATIENT SUMMARY BILL

UHID : MMH202481494

IP No : IP2024002049

Patient name : Mr.MOHAMMED SHIEK SHARFUDDIN KH/

Age : 20 Y 10 M 0 D/Male

Bill No : MMH/MH/IP202401986

Bill Date : 17/09/2024

DOA : 15/9/2024 5:19PM

DOD :

Entity Type : Insurance

Entity Name : ACKO HEALTH

Consultant Name : Dr.BASHEER AHMED

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 2,200.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 1,500.00
4	LABORATORY	₹ 6,980.00
5	NURSING CHARGE	₹ 1,600.00
6	OPERATION THEATRE CHARGES	₹ 11,500.00
7	OTHER ADDITION	₹ 10,750.00
8	PHARMACY CHARGE	₹ 4,064.00
9	PROFESSIONAL TEAM FEES	₹ 41,800.00
10	RADIOLOGY	₹ 1,866.00
Gross Amount		₹ 82,610.00
Sanction Amount		₹ 79,796.00
Net Payable		₹ 82,610.00
Advance Amount		₹ 3,000.00
Received Amount		₹ 0.00
Refund Amount		₹ 186.00

Received Amount in Words : Three Thousand Only

SUDHA  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	9/15/2024	MMH/MH/RECH202403589	CARD	Advance Amount	3,000.00

Medical Claim	Claim No	Sanction Amount
ACKO HEALTH	24091700679	79,796.00